

THERAPEUTICS.

UNDER THE CHARGE OF

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Suprarenal Gland Extract as a Hæmostatic.—M. LERMITH writes that a watery extract of suprarenal gland applied just before cocaine in ophthalmic practice greatly adds to the anæsthesia produced by the latter. Marked vasoconstriction of cutaneous and even subcutaneous vessels rapidly follows its exhibition. Conjunctival hyperæmia from any cause may be thus relieved. Eczema of the skin, nævi, and even sarcomata are also affected favorably. The extract is serviceable in nasal surgery, adding to the cocaine anæsthesia and preventing primary and secondary hemorrhage. The writer treated a patient suffering with recurrent epistaxis as follows: A solution of cocaine hydrochlorate, 5, distilled water, 95, was introduced into the nasal cavities on cotton, and withdrawn after five minutes. Then sponges saturated with a solution containing boric acid, 3; dried extract of suprarenal gland, 1, and distilled water, 96, were inserted and allowed to remain for the same length of time. These applications were first made on alternate days, and later twice a week. The immediate effect on the nasal mucous membrane was to produce ischæmia and entire cessation of the hemorrhages. For twenty months there has been no recurrence of what was previous to treatment a very frequent epistaxis. Following the application there was no oozing of blood, and the scar healed perfectly in six days. Treatment was continued for three months, and there were twenty-four applications in all.—*British Medical Journal*, 1899, No. 1991, p. 467.

Addison's Disease.—DR. A. SEIBERT reports two instances of the use of suprarenal extract. In the first there was a gain of about twenty pounds in weight, the pigmentation almost completely disappeared. The dose was five grains thrice daily; later, six times daily, or ten grains thrice daily. In the second articular rheumatism was severe, for which salicylic acid was administered by the rectum. Success followed the administration of five grains of the extract thrice daily.—*New Yorker Medicinische Monatschrift*, 1899, No. 3, S. 138.

To Prepare Solutions of Suprarenal Gland.—DR. M. D. LEDERMAN finds that formalin, carbolic acid, corrosive sublimate, and boric acid inhibit the marked vasoconstricting action of the gland. To prepare a serviceable solution ten grains of the gland are added to a drachm of a 25 per cent. solution of glycerin in water. This is placed in a wide-mouthed bottle and well shaken. After standing in a room at ordinary temperature for two days, with occasional shakings, it is filtered into a clean bottle. Thus made it will remain clear for some time, if kept cool. Glycerin seems to be sufficiently

antiseptic, and this solution is not too viscid for spraying. The method of use is by cotton application both before and immediately after the use of cocaine. No constitutional symptoms will be produced by cocaine under these conditions.—*The Laryngoscope*, 1899, No. 4, p. 217.

[It should be noted that the previous application of suprarenal extract to an inflamed mucous membrane will render cocaine effective in producing anæsthesia when this would otherwise be difficult or impossible.—R. W. W.]

Antistreptococcic Serum.—DR. WILLIAM L. ROBINSON reports upon the use of this remedy in the treatment of puerperal septicæmia, septic cellulitis, post-operative sepsis, and erysipelas. In this report the amount injected was usually two and one-half drachms, repeated if necessary. The success obtained in sixteen patients is an argument for early and free use of this method.—*The Virginia Medical Semi-monthly*, 1899, No. 23, p. 687.

Treatment of Ozæna.—DR. P. MCBRIDE presents his experience with cupric electrolysis, the histories of eight patients being briefly presented. The strength of the current varied from 3 to 10 milliampères, rarely exceeding the latter. Cocaine was used in most, if not all, and after cleansing the nostrils the copper needle attached to the positive pole was inserted into the inferior or middle turbinated body, sometimes into the tissues lining the middle meatus, while the platinum or steel needle was passed into the septum. Usually the patients complained of little pain, nor did they experience disagreeable after-effects. As a rule, each sitting lasted about ten minutes. Of the eight patients, four were practically cured for long periods, extending to eighteen months. In one there was marked improvement; in one apparent cure for some months, but the syringing had to be resumed, while in two there was only improvement for a few weeks. The term "cure" refers only to the fetor, for in most of the patients the atrophy remained as before.—*The Edinburgh Medical Journal*, 1899, No. 3, p. 217.

Crede's Silver Salts.—DR. SCHILL presents an excellent summary of the extant literature. The disadvantages of actol [silver lactate] are that it forms masses, and for that reason is dusted upon surfaces with difficulty; that it is sensitive to the action of light, and that it irritates nasal and laryngeal mucous membranes. Itrol [silver citrate] may be employed as a powder upon wounds, granulations or mucous membrane, or as a 1 or 2 per cent. ointment of lard, vaseline, or lanolin, or as aqueous solution, 1 to 4000 or 5000, for the disinfection of hands, instruments or the skin, and for irrigation of cavities. As 1 to 5000 or 10,000 it may be employed as a gargle or for moist dressings. Its disadvantages are the staining of linen, slow deodorizing properties, the cloudiness produced in ordinary (not distilled) water from the formation of silver chloride, whereby a portion of the silver is rendered inert, slow disinfection in advanced disease, and darkening on exposure to light. Colloid or soluble silver was first made nearly two years ago. This may be employed, even hypodermatically, as a 1 per cent. aqueous solution, preserved in dark glass bottles. Made up as an ointment with lard and wax, with benzozated ether to improve the odor, when rubbed into the skin about two-thirds is absorbed. The third method of administration is as a pill containing one-

sixth of a grain, with sugar of milk and glycerin as excipient, of which two may be taken twice or thrice daily, followed by three to six ounces of boiled water or tea. The importance of these remedies in various infectious diseases is evident, and the success attending their use is well established by a long series of favorable reports. Quite recently Dieckerhoff reported the successful use of colloid silver ointment in the purpura hemorrhagica of horses (four cases). In three he gave intravenous injections (jugular vein) of an ounce and a half of a 1 per cent. solution of colloid silver. Another received five such injections within two hours.—*Therapeutische Monatshefte*, 1899, Heft. iii. S. 162.

[The decidedly unsatisfactory therapeutics of purpura hemorrhagica in man suggests a trial of colloid silver hypodermatically.—R. W. W.]

Sodium Tetra-iodo-phenolphthaleinate.—DR. JOHN S. PEREKHAN reports upon the results which he obtained in more than one hundred instances of the use of this remedy, which is commercially known as nosophen. It is obtained by the action of iodine upon phenolphthalein and occurs as a light and impalpable, yellowish-gray, odorless, tasteless powder containing over 60 per cent. of iodine. It may be heated to sterilization without decomposition, is insoluble in water and acids, with difficulty in alcohol, and readily in alkalis. It is generally used as a dusting powder, but may be mixed with colloidin, or employed as an emulsion, or gauze may be impregnated with it. Its siccation and hæmstatic properties are marked. It should not be used too freely, else a firm crust may be formed, which interferes with drainage. Since it is not irritating, non-poisonous, and has no odor, it is superior to iodoform. It is sedative, diminishes suppuration, and promotes healthy granulations.—*Chicago Medical Recorder*, 1899, No. 3, p. 222.

Phenocoll Hydrochlorate.—DOTT. SALVATORE SATULLO remarks that although much stress is laid upon the antipyretic and analgesic properties of this drug, he has found it valuable in the treatment of malaria and rheumatism. For the former he regards it as almost a specific, a true substitute for quinine, and particularly to be used in case of idiosyncrasy or gastric disturbances. In pregnancy when quinine is contraindicated, this is an important remedy. The dose is from twenty to thirty grains daily, preferably before the febrile attacks. In rheumatism its effects are noteworthy, whether the disease is acute or chronic, and it is always to be preferred to the salicylates when cardiac weakness exists or threatens. The daily amount is one drachm.—*Gazzetta degli Ospedali e delle Cliniche*, 1899, No. 13, p. 132.

On Morphinism.—DR. RABINOVITCH believes that in a large majority of habitual morphine maniacs there is a hereditary degeneracy. They often come from highly neurotic or neuropathic families deficient in will-power and mental poise. The normal mental equilibrium is lacking to start with, and there is added a drug-habit—morphine, or some other. She believes this view to be sustained by the fact that frequently these patients are highly intelligent and educated. Every effort is made, with the enfeebled will-power they possess, to conquer their inclinations, but without effect. The writer believes the victim of morphine is in a condition more closely akin to insan-

ity than is generally thought. Localization of the cerebral lesion, if there be any lesion, is not possible. The writer suggests an exaggerated appetite, lessened will-power or solutions of continuity in association fibres which maintain the "psychic harmony." Though vague in her explanation, she believes there is a definite material cerebral defect. Patients with these underlying fundamental deficiencies of brain-power are capable of great improvement under supervision; but the hereditary influence being marked and the unknown anatomical lesion (?) pronounced, mental instability is too great to expect permanent recovery.—*New York Medical Journal*, 1899, vol. lxi., No. 9, p. 302.

Dionin.—DR. J. KORTE gives the clinical name of this substance as ethyl-morphine hydrochloride, and its formula $C_{10}H_{22}NO_2HCl + H_2O$. It occurs as colorless crystalline powder, of markedly bitter taste, and readily soluble in water and alcohol. Twelve patients suffering from pulmonary tuberculosis received this remedy in half-grain doses at bedtime. The pharyngeal irritation was relieved, and restful sleep followed without night-sweating or other unpleasant symptoms. In some instances one-sixth of a grain seemed sufficient. Other symptoms, as cough, chest pains, and muscular soreness, were also benefited. Six patients suffered from chronic bronchitis and pulmonary emphysema. In general, the asthmatic attacks were relieved, the dyspnoea improved, and the cough and pains were benefited. As an analgesic and hypnotic eight observations are recorded. The conditions were various—hypostatic pneumonia, polyarticular rheumatism, inoperable uterine carcinoma, gastric and hepatic carcinoma (two instances), chronic parametritis, pararitium, and chronic gastric ulcer. In these the analgesic properties seemed established, and insomnia, so far as it was caused by pain, was benefited. Its field of use includes the irritation-cough of early pulmonary tuberculosis, that of chronic bronchitis, emphysema, and so-called bronchial asthma. As an analgesic it is not so trustworthy as morphine. It may be administered dissolved in distilled water or syrup, and made into pills with proper excipient.—*Therapeutische Monatshefte*, 1899, Heft 1, S. 33.

Aneson as a Substitute for Cocaine.—DR. MASBACHEN presents his reasons for preferring this substance in the infiltration anæsthesia of Schleich and the regional anæsthesia of Oberst. This is the watery solution of trichlorpseudobutyl alcohol, or acetone chloroform, which in the past has not been utilized because of its insolubility in water. This difficulty has been overcome, and 1 or 2 per cent. solutions equal in anæsthetic power about 2 per cent. solutions of cocaine. The preparation is kept in wide-mouthed vials, each holding about two drachms, into which the hypodermatic syringe may be readily introduced. The solution is permanent. The advantages are: 1. The original preparations are used without dilution to various strengths, and the remedy acts even in severely inflamed tissues. 2. In point of harmlessness it is superior to all hitherto known remedies for local anæsthesia. 3. The secondary pains of infiltration anæsthesia are not observed when this remedy has been employed. 4. It is equally useful when employed according to the method of either Schleich or Oberst.—*Münchener medicinische Wochenschrift*, 1899, No. 3, S. 81.

Cosaprin.—DR. ANTON SCHUDMAK reports upon the use of this substance, which is a sulpho-derivative of acetanilid, as an antipyretic and antirheumatic in the diseases of children. Laboratory experiments show that it is without influence upon micro-organisms, nor does it injure the blood, for 10 per cent. solution does not destroy the amoeboid movements of the white corpuscles nor change in any respect the red. Since it is very soluble in water it may be administered in sweetened water as a 2 or 3 per cent. solution, of which the dose is a small spoonful every hour; or it may be given as a powder in four to eight-grain doses thrice daily, its somewhat salty taste not being objectionable. In the sixty instances of its use no untoward symptoms supervened. If rapid action is desired it may be administered subcutaneously, which is impracticable with two of the most important antirheumatic remedies—salicylic acid and sodium salicylate. The remedy has no marked effect upon either respiration or circulation, nor does it produce exanthemata. As an antipyretic the lowering of temperature is not lasting, in that the previous high temperature is again reached in two or three hours.—*Klinisch-Therapeutische Wochenschrift*, 1899, No. 2, S. 39.

Morphinomania.—PROF. DEBOVE states that at first there is a short period of exaltation; following this the reverse occurs, and the victim is in the depths of despair, suffering much. Another dose of morphine is desired, which produces only a negative pleasure—a cessation of the craving for relief. Accidents often occur. If a vein is entered when the hypodermatic needle is inserted, vertigo immediately follows, and a condition closely simulating drunkenness, and this fact is often turned to account by the users of the drug. Carelessness in cleansing the syringe results in septic injections, producing abscesses and erysipelas. As the patient's resistant power is weakened, death not infrequently results. Primary injections of morphine are very disagreeable, being often followed by nausea and vomiting. Then exaltation is paramount. This period may last weeks or months. Sooner or later no result is obtained from injections except cessation of desire for the drug. Effects of morphinism are discussed *seriatim*. The muscular system is weakened, both striated and non-striated muscles being involved. Thus the obstinate constipation and dysuria are caused. A fine tremor like that of alcohol-poisoning is often present. General sensation is affected, pruritus and neuralgias are of frequent occurrence. Vision, smell, and hearing are enfeebled. The pupils are regularly contracted, accompanied anorexia and dry tongue, great thirst. Absence of hydrochloric acid in the gastric juice, diminished secretion of the intestinal glands and of bile, together with clay-colored dejections, force the symptom-complex in the gastro-intestinal tract. Nutrition fails, loss of flesh follows, and œdema of moderate degree is seen about the ankles. The skin becomes rough, the sweat-glands increase their activity (that of the sebaceous glands is diminished), and various eruptions, abscesses, and furuncles are frequent. The urine is unaltered. Albuminuria and glycosuria are probably not caused by morphinism. If the drug is present in the urine it is in very small amounts. Sexual desire is destroyed and impotence follows. Temporary sexual excitement may follow an injection of morphine. Amenorrhœa is common. Children born of mothers with morphine habit show in their first days an unusual depression and collapse.

are not given. Patients are put to bed, each one having an attendant solely for himself. Warm electric baths—how prepared the author does not state—are given, with the usual result that irritation of the peripheral and central nerves is much lessened, and the patient falls asleep while still in the bath. This is continued for half an hour; the patient is then placed on a bed and gentle heat is applied to the spine. Next galvanism is practised, the positive pole to the spine. In cases in which the head is hot and flushed, ice-compresses are indicated. The purpose of this part of the treatment is to allay nerve irritation and distract the patient's mind. While the drug is being withdrawn the patient is kept on a fluid diet, largely of fruit-juices. Koumyss and buttermilk are freely given. The patient is encouraged to eat at three to four-hour intervals. Nausea and vomiting are combated by omitting the feedings, and rectal enemata are substituted. Beef-tea and flesh-foods are prohibited, as they are too great nerve stimulants(?) and increase the desire for the drug. When severe diarrhoea is expected or has occurred, bismuth and fluid extract of coto are given every two hours; the result is usually satisfactory.

The necessity for exhibiting morphine is wholly done away with, as a rule. Indications for giving morphine are: If suffering is great on the second day a small dose (amount not specified) is given. Rarely a second is needed. The crisis is passed under thirty hours. Other drugs are not to be substituted for morphine, as some equally pernicious habit may result. Tobacco must be stopped, since statistics show that when it is not used the percentage of relapses is much smaller. Insomnia is not to be treated by hypnotics, for another habit may follow; in their stead the patient receives a "neutral bath" at 93° F. before retiring. A moist, cold, abdominal bandage is applied. Relaxation of abdominal vessels and lessened cerebral congestion follows. Later graded gymnastics and outdoor exercise are carried out. Very few relapses have occurred.—*Modern Medicine and Bacteriological Review*, 1898, vol. vii. p. 254.

On Chloralamid.—DR. W. KRAMM writes that chloratum foramidatum or chloralamid is most closely related to chloral hydrate in its constitution and action. Chloralamid decomposes in aqueous solutions above 140° F. and in alkaline media, but it may be given in slightly acidulated liquids. In powder or in milk the drug dissolves so slowly that sleep does not result until the following day. Settow has had much success with enemata made as follows: Chloralamid, 45 grains; diluted hydrochloric acid, 7 minims; alcohol, 18 minims; distilled water, 3½ ounces. Dosage of chloralamid varies between 15 and 60 grains. The maximum for twenty-four hours is 120 grains. Sleep follows its exhibition more slowly than in the case of chloral, thirty minutes to an hour being the rule. Duration of sleep is on an average six hours for the full effect. Indication for its use is a large variety of acute and chronic conditions where a mild, certain, and safe hypnotic is required. Chloralamid changes the blood-pressure very little, it is free from bad effect on the heart, and in many cases of cardiac diseases it can be safely used. As a sedative and hypnotic it is valuable in insanity; objections to its use are that as after-effects there is sometimes headache lasting one-half to one hour, and rarely stupor may supervene. The writer concludes by

saying that all authors state chloralamid is well borne by the stomach and does not impair appetite or digestion.—*Notes on New Remedies*, 1898, vol. x. p. 22.

The Etiology and Treatment of Laryngeal Tuberculosis.—DR. P. S. DONELLAN recommends the following for control of cough in the above condition: Codein sulphate, 3 grains; sodium bromide, 120 grains; syrup of wild cherry, 4 drachms; water to 2 ounces. Of this the dose is one drachm every four hours. Dysphagia is relieved by cocaine applications (4 per cent. solution), either as spray or with a laryngeal brush. Wolfenden's method of feeding is recommended: The Trendelenburg position while sucking liquid food through a tube. Rectal feeding may be temporarily indicated to give rest to the larynx. Krause's method of local treatment for ulceration is thus outlined: Cleanse the larynx with Dobell's solution; follow this with a 4 per cent. cocaine spray, and then thoroughly rub the surface of the ulcer with a solution of lactic acid. This is to be done every three or four days. Solutions will vary, according to circumstances, from 20 to 80 per cent. A cotton applicator is to be used. Often the ulcers heal completely. Curetting of the ulcerous surface before applying the acid is sometimes practised (Herying); but there is danger of producing still further secondary infection through the increased raw surface. Minim doses of pure guaiacol have been injected beneath the mucous membrane into the tubercular areas preceding ulceration, a special syringe being used (Donellan). The advisability of performing tracheotomy must be decided for each case on its own merits.—*The Therapeutic Gazette*, 1898, vol. xxii. p. 724.

The Treatment of Consumption and Lupus by Tuberculin.—DR. G. A. HERON began to use the new tuberculin (TR.) in March of last year. Ten patients were under observation; but one of these suffered from lupus. He has never seen harm done by the use of this remedy. It has done good in the treatment of lupus, and it is of value in helping consumptives on the way to recovery, provided the disease is in a very early stage. In advanced stages of the disease the discomfort inseparable from the use of the hypodermatic syringe is sufficiently outweighed by the slight chance there is of possible good that might come from the use of tuberculin. Of cure it is impossible as yet to speak, for there may be relapse in any one of the patients who now present a promising outlook. At present the new tuberculin is of more use than any other drug in the curative treatment of very early stages of tuberculosis affecting the lungs or skin.—*British Medical Journal*, 1898, No. 1958, p. 77.

The Antipneumonic Serum of Paul.—DOTT. R. MARSALONGO and C. FRANCHINI present the history of the production of this serum and the results of its administration in ten instances. Three deaths were recorded, all being alcoholic subjects, showing evidences of chronic nephritis. Its use seems to be free from general or local disturbance. It is antipyretic, solely because it arrests or modifies the disease, acting directly upon the local infection, and favors resolution. Its use is recommended in the severest cases—those complicated by degenerated arteries, chronic nephritis, chronic cardiac

diseases, alcoholics, old age—giving better results than any other method.—*La Riforma Medica*, 1898, No. 31, p. 364.

OBSTETRICS.

UNDER THE CHARGE OF

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The Choice of Incision and Suture in Cæsarean Section.—In the *Archiv für Gynäkologie*, 1899, Band lvi. Heft 3, SIPPEL reports two interesting cases of Cæsarean operation, and discusses the best method of making the incision and the best suture material.

He draws attention to the fact that silk sutures act as drainage-tubes by capillary attraction, and that a silk suture passed through the wall of the womb into the uterine cavity may furnish a means of communication between the interior of the uterus and the peritoneal cavity. In healthy patients the womb is sterile and aseptic at labor; but should this not be the case infection might pass from the uterus to the peritoneal cavity by means of stitches. As an illustration of this he describes an interesting case, as follows:

The patient was a healthy woman in her fifth pregnancy, whose labor was made impossible by a solid ovarian tumor. Cæsarean section, followed by the removal of the tumor, was very readily performed. Foul lochial discharge was present on the third and fourth days, and above the symphysis there was a painful area. Here an exudate developed between the uterus and the wall of the abdomen. During a fit of coughing this exudate burst into the abdomen, and forty-eight hours later the patient died of peritonitis.

Upon autopsy it was found that on one side of the womb, where the silk stitches had proceeded from within outward, septic material had passed along the stitches to the peritoneum. The interior of the womb was septic, but not to a serious extent. Under ordinary circumstances the patient should have recovered readily from the condition present.

It is easy to understand how a mild degree of sepsis may readily arise during prolonged labor. The membranes may protrude and come in contact with the external genitalia, which may not be thoroughly clean. The head of the child may advance and recede, and also furnish a channel for contagion. Repeated examinations would increase the danger.

For this reason Sippel operated upon his second case by an incision upon the posterior wall of the uterus. He closed the uterine wall with catgut at the decidua and buried silk in the muscular tissue, and closed the peritoneal covering of the womb. His patient made a good recovery.

Sippel also draws attention to the difficulty experienced in closing the uterine wall when the placenta is directly under the line of incision. The placental site in the uterus is not tissue favorable for suture, and good union is difficult to obtain. He would, if possible, locate the situation of the placenta before opening the uterus, and so plan his incision as to avoid the placental site. He draws attention to the analogy between suture of the womb and suture of the intestine, and believes that in the case of the uterus catgut is better, because of its freedom from capillarity. He does not favor the transverse incision of Fritsch, but distinctly adheres to the longitudinal incision.

[We have, on one occasion, had suppuration occur in the wall of the uterus after Cæsarean operation. We were obliged to close the womb through the placental site. The peritoneum was stitched over the silk sutures with catgut, and the womb became adherent to the anterior peritoneal lining of the abdomen. Some days after stitch-hole abscess occurred in the abdominal wall, which communicated with the anterior surface of the womb. Through this abscess some of the buried silk sutures from the uterine wall were discharged. Bacteriological examination of the pus showed the white bacillus of the skin to be the germ present. It was found that the patient had passed her finger beneath the dressing and infected the wound, because she wished to remain in the hospital. She subsequently made a good recovery, the uterus being small, partly movable, and adherent to the anterior abdominal wall when she was discharged. It is undoubtedly better not to pass the stitches through the decidua in closing the wound. As the womb becomes adherent to the abdominal wall in these cases, stitch-hole abscess must not be neglected as a cause for suppuration in the uterine stitches.]

Crédé's Silver Ointment in Puerperal Sepsis.—In *Obstetrics*, 1899, No. 2, JONES contributes a paper upon this subject.

Statistics show that between 100 and 200 deaths occur yearly from puerperal sepsis in New York. In addition to other methods of treatment, he calls attention to the use of Créde's silver ointment by inunction.

The preparation of silver which is employed is not a salt of silver, but is soluble, uncombined metallic silver made into an ointment 15 per cent. strong. Three grammes of the ointment contain about four and one-half grains of pure silver. This ointment has been used once in twenty-four to thirty-six hours in acute and in chronic cases twice daily. It is rubbed into the body at some distance from the point of infection, and should be thoroughly carried into the skin and subjacent tissues. The results of the treatment are immediate improvement in the symptoms, beginning within from three to ten hours.

Jones's case was as follows: The patient was a delicate woman, aged twenty-one years, primipara, delivered after tedious labor, necessitating dilatation of the cervix and the use of forceps. The placenta was firmly attached and had to be removed. There was no hemorrhage and but little laceration. Antiseptic precautions were employed, and the uterus was douched with hot lysol solution and the vagina with bichloride solution. The lochia did not become foul, but on the third and fourth days there were